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GOOD PRACTICES AND INTERVENTIONS FOR THE PREVENTION OF ALCOHOL USE AMONG DANISH JUVENILES

Country report for AAA-Prevent, WP7 2012

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AAA - PREVENT
WP7 - NATIONAL REPORT

**GOOD PRACTICES AND INTERVENTIONS FOR THE PREVENTION OF ALCOHOL USE AMONG
JUVENILES IN EUROPE: NATIONAL INVENTORY**

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Prevention strategies in Denmark – current situation

The interviews with national prevention experts have provided a picture of Danish prevention efforts which does not easily fit into the schematic structure in this report. Prevention in Denmark is not made up of a range of different, smaller projects (on various levels), but of larger, national projects on the one hand and of smaller local projects, all departing from the same assumptions and methods on the other. However, most local prevention work is not as structured as required by this report, i.e. it does not take the form of actual projects with manuals, guidelines etc., and evaluations afterwards. This means that there are not so many different projects to describe. Instead, much prevention is primarily based on an overall holistic and dialogue-based approach, and we find it important to describe these overall approaches to and focal points of prevention work. In the following, we will do this, first on the national level and, second, on the local level.

National level: setting and changing norms

The National Board of Health Denmark (NHB) was established in 1909 and has since been the superior health care authority, which advises the Minister of Health and other national and regional authorities. It is also obligated to guide the public on health-related issues such as prevention. Finally, it conducts research on national health¹ and gives recommendations on this basis. The NHB's activities in relation to alcohol can be divided into 1) ongoing campaigns, 2) national prevention programmes and 3) pilot projects in specific regions of Denmark. The national campaigns are not considered part of this report. The pilot projects are few and far between, but one is described as a good practice, another in the community level scheme below.

Experts from the NHB describe a shift in paradigms in Danish prevention programmes and initiatives in the mid-90s, caused by the ESPAD surveys showing how Danish youth was among the European top with regard to alcohol use, cf. last year's report. Prior to this, prevention of excessive use of alcohol among youth was roughly equal to information about alcohol (and drugs) provided in schools. The information was not extensive and was often fitted in as a theme, devoted some hours in the class room.

However, the ranking of Danish youth in the European top with regard to alcohol use showed that this was not sufficient, and that a different approach was needed. The belief was – and still is – that focusing on only one dimension, e.g. schools or families, is not sufficient. Intense alcohol

¹ For instance, in 2010, a major research project was initiated in all regions in Denmark, mapping the 'health profile' of a representative group of 180,000 Danes. This health profile is meant to be updated every 4th year and can then serve as a relevant background for monitoring regional prevention projects. Further, the NHB has reviewed municipal alcohol-related costs as a way of stressing the importance of local initiatives.

consumption among youth is not seen as an indicator of 'problematic youth', but as a result of the overall, liberal Danish alcohol culture. Therefore, changing youth alcohol use is only feasible through a change in this alcohol culture, and for such a change to come about; a wide range of handles must be pulled. Thus, since then prevention among youth has taken the form of larger, multi-component projects aiming at several actors and dimensions simultaneously.

Besides national campaigns, the primary way forward, however, is still very much through schools – which are then utilized as 'gate-keepers' to reach parents, teachers etc. Thus, we will characterize this approach to prevention as a multi-component approach. The NBH develops material for students, teachers and, parents, even though in the last update (2011) the material was only aimed for teachers and parents. This prioritization is based on the assumption that the grown-ups' efforts are the most central. Besides including information about the health-risks related to alcohol (and cigarettes), the material includes guidelines for parents about how to talk with their children about alcohol (and drugs), and how to set rules, and it guides teachers in how to work together with the parents on this, e.g. by making contracts between parents. Further, it tries to inspire schools to formulate alcohol policies.

Further, the NBH is continuously trying to identify actors who can be involved in prevention work, e.g. the association of school directors, associations for retail businesses, associations for bar and club owners and so on, to work together to make an effort towards defining new norms for alcohol behaviour. They lobby to make the institutions, particularly the high schools, take responsibility for youth alcohol use, e.g. through urging the institutions to make local alcohol policies and to stop serving alcohol at school parties.

When initiating a new project or strategy, the NBH tries to depart from existing scientific literature and then first venture into a 'model project', i.e. a pilot project with a limited number of participating schools/municipalities etc. Depending on how this pilot project turns out (output, evaluation of process – not so much evaluation of outcome because this takes longer time to come about), it is then up-scaled to include more schools/municipalities etc. – or to be a national strategy.

Thus, four different kinds of evaluation can be identified in the practice of The National Board of Health, relating to different phases of a project: First, an overall evidence-based approach which means that only projects which have shown effective in international research literature are applied. Second, a processual, evaluative approach which means that every project is monitored along the way until a satisfactory level of involvement is reached. Third, a formal evaluation of the project at the end of the project, which is conducted by external consultants and focuses on outputs of the project (e.g. number of professionals educated, number of seminars held during the project). And finally, the NBH evaluates the various programmes and projects in the light of the overall tendencies in alcohol consumption in Denmark: If overall consumption rates are going down, this is seen as an indicator of effective prevention programmes and vice versa.

To sum up, the keyword for the national approach is to formulate standard setting initiatives that aim at setting new standards and thereby changing the Danish alcohol culture.

Local level: Facilitating dialogue and focusing on facts

While the NBH is in charge of prevention efforts at the national level, the day-to-day prevention work is based in the 98 municipalities in Denmark. Every municipality has a unit termed the SSP cooperation, which unites professionals from Schools, Social authorities and the Police, and this unit is in charge of most crime-prevention work and outreach (social and preventive) work in the municipality. Typically, each municipality has a few (2-3) full-time SSP consultants, who are coordinating the preventive work in the municipality. They are then assisted by SSP teachers, SSP police officers and SSP youth club employees, i.e. staff at local schools, police departments and youth clubs who spend some of their working time on SSP tasks. While the outreach part is important, the central task is prevention on the general youth population level. This mostly takes the form of visits to schools (mostly 7th grade classes) as well as hosting meetings for parents to all children in 7th grade classes to aid them in assisting their children, and encouraging them to make 'parent contracts'. Thus, in terms of which domains this kind of preventions targets, it is mainly the school level, and through this the family level. The focus on involving the parents is motivated by recent Danish research showing that parental rules and involvement has an impact on youth alcohol consumption (Demant & Ravn 2010, Demant & Sonne 2010, Østergaard 2008, Elmeland & Kolind). Further, the SSP workers are to some extent present in nightlife settings, but the primary preventive actor here is 'The Nighthawks' [Natteravnene]; a network of volunteering parents who walk the main streets of inner cities on Friday and Saturday nights in order to take care of young people who have become too drunk, prevent violence and so on.

The local SSP units have a national network which provides a platform for these professionals, e.g. in terms of a website, which serves as a resource with links to further, acknowledged websites, information about new methods, network meetings and so on. The network also tries to set the standards in terms of securing that all SSP professionals work according to the same values and methods. They ensure that SSP-workers are up-to-date with research, they communicate positive experiences from one local area to others, they organize annual meetings and facilitate professional discussions, and to some extent they make sure that the professionals are given further training. Their overall approach is that they are not supporting scare campaigns, but prioritize dialogue. This approach is founded in the belief that one must focus on facts instead of assumptions based on media stories, hear-say and prejudices. This is derived from a large, Danish intervention project ('Ringstedforsøget', The Ringsted experiment, Balvig et al 2005), which showed how action is often based on what we *think* other people do/have tried/think etc. This was coined in the concept 'majority fallacy', and this approach has become hugely popular among prevention workers across Denmark. Thus, both when visiting school classes and when hosting meetings with the parents, the SSPs try to activate the prejudices that prevail and, through dialogue, make it clear that these are fallacies.

The SSP network also produces material for school teachers to use in school classes. Almost all municipalities have a 'preventive syllabus' (mandatory in some municipalities, optional in others) for different grades, and the SSP material serves as a resource for the teachers. Here they can find suggestions for films, books, websites and so on to use in their teaching. This not only concerns

alcohol and drugs, but also safe chatting, safe flirting, general well-being, crime etc. Within the last two years, these syllabuses have to a greater extent been based on what has been shown to have an effect in these various areas (evidence-based, i.e. the above-mentioned focus on the parents' involvement). In addition, inspiration is drawn from both the NBH school materials as well as from material developed by GODA (Good Alcohol culture; a private association funded by The Danish Liqueur Manufacturers, i.e. the liqueur industry). The SSP network and local SSP workers are not obliged to use the (official) NBH material, but can choose between the two materials depending on what they themselves prefer. They describe the NBH material as less accessible, and therefore often end up with using the GODA material. The GODA material is based on a more pragmatic approach than the NBH material in that it departs from the actual situation among the students, i.e. that some of them have already tried being drunk. The material is undergoing evaluation at the moment.

To sum up, the keyword for the local level approach is dialogue and a focus on replacing myths with facts.

Developments in research on prevention

Scientific literature on prevention interventions targeting youth alcohol use specifically is very sparse and does not address the approaches that are prevailing at the moment. The main areas of research have been:

- Anthropological study of how prevention initiatives are constructed and carried out in the municipality of Copenhagen (Hulvej Jørgensen 2010)
- Anthropological study on teenagers' own harms minimization strategies in a rural Danish community (Hulvej Jørgensen et al 2007).
- Parents' harm reduction initiatives at private parties (Kolind & Elmeland 2008)
- Review of campaigns and educational material from the alcohol industry aimed at young people (Demant & Houborg 2011)
- Implementation of alcohol policies in high schools; how to facilitate dialogue and make all actors take ownership of changed alcohol values (Beck 2006)

2. Description of two models of "good" practices

The two models described below are chosen by NBH and the SSP network representative, respectively. Both examples are chosen, because they are very well-described and have been evaluated to some extent.

Prevention program, example 1

Name: "Party culture and substance use in high schools" [Festkultur og rusmidler i gymnasieskolen].

Goals: 1) To investigate high school students' attitudes to and consumption of alcohol and drugs; 2) to investigate how the local party culture on two participating high schools affects the students' alcohol consumption and 3) investigate how the schools can act in relation to this, i.e. how schools can change such a party culture to effect the students' alcohol consumption.

Theoretical framework: Sociological theory on youth cultures, subcultures and organizational theories focused on organizational change and culture in organizations.

Domain (individual, family, school, neighborhood): school.

Target group: The target group is on the one hand the teachers who are going to develop a new teaching format, and on the other hand both students (16-19 years old) as well as teachers, who are going to work together in formulating a drug and alcohol policy for their school. The long-term target group is the students whose alcohol (and drug) consumption should be lowered.

Method: The project consisted of two tracks: An organizational track, in which the participating high schools were asked to develop a drug and alcohol policy, and a teaching track in which the participating high schools should develop and conduct teaching about youth substance use.

The two participating high schools should be 'ordinary' in the sense of not known for any kind of extreme behavior, problems or particular groups of students (e.g. elite sports students) in order to be able to somehow generalize the results.

The intervention proceeded as follows:

- 1) Forming a steering committee.
- 2) Conducting a survey on the students' experiences with and attitudes to drug and alcohol use as well as conducting interviews with students and teachers. The results were communicated to both teachers and students as the basis for the following discussions.
- 3) A project day with lectures for the students by the project leaders (researchers), followed by class-based student discussions about drugs and alcohol (audio-recorded) and lectures for the teachers by the project leaders.
- 4) Pedagogical session for the teachers – discussing their general experiences with students, their perceptions of youth cultures and their attitudes to youth drug and alcohol use.
- 5) Communicating the outcomes of the teachers' discussions to the students and vice versa.
- 6) Forming a representative group (teachers and students) which should make an attempt at formulating a drug and alcohol policy.
- 7) Enacting the policy.

Period: School year 2003-2004.

Literature: Not in English. In Danish: Beck & Resen 2004, Beck 2006.

Manuals or website: No specific manuals, but the evaluating book contains five descriptions of/suggestions for potential coursework which can serve as a source for inspiration for other teachers.

Evaluation: yes or no: Yes, but as a processual evaluation, not an effect evaluation, see references above.

If yes, efficacy according to formulated goals and effectiveness:

The two high schools in the project both succeeded in formulating a policy for drug and alcohol consumption. These positive experiences have been communicated to high schools throughout Denmark via the Principals' Association. The NBH is lobbying for making such policies mandatory, not optional, in high schools. Whether the enacted policies have had any impact on students' alcohol and drug consumption has not been evaluated.

Prevention program, example 2²

Name: “I am OK when I say NO WAY” [”Jeg er sej – når jeg siger nej”].

Goals: The goal of this intervention is to change the social expectations and majority fallacies among 5th graders in the Copenhagen’s Western regional police district (11 municipalities) and through this change their willingness towards risky behavior.

Theoretical framework: The underlying framework for the intervention is known as ‘The Social Norms Approach’ (see e.g. Berkowitz & Perkins 1987, Perkins & Berkowitz 1986, Haines & Barker 2003, Hancock & Henry 2003, Schroeder & Prentice 1998), developed in the US in the 1980s. According to this, all people, and young people in particular, try to live up to surrounding expectations, in particular expectations from those they feel closest to and value the most. Further, it has been shown how young people’s expectations about their peers’ actions and attitudes are largely exaggerated. Thus, the social norms approach targets these expectations about prevailing norms by documenting actual behavior instead. It is based on the social context, not the individual as such. The international experiences were brought into play in a large, Danish intervention project named “Ringstedforsøget” (The Ringsted experiment) (Balvig et al. 2005), which targeted attitudes and expectations with regard to smoking among 5th, 6th and 7th graders in the Danish provincial city of Ringsted. The project documented a decrease in the students’ expectations regarding the smoking behavior of peers of the same age in the same town, peers of the same age in Copenhagen (the capital) and older peers in the same town as well as in Copenhagen (Balvig et al 2005). Further, a decrease was registered with regard to alcohol consumption, smoking cannabis and drug experience even though these behaviors were not in focus of the project.

Domain (individual, family, school, neighborhood): school.

Age targeted: 5th grade students (11 years of age – chosen because the largest effect was shown among this age group).

Method: The intervention is a police-based education program that built on and modified the experiences from the Ringsted Experiment. The intervention includes a pre-intervention survey and the intervention itself consisting of 4 hours of class-based teaching.

The survey is brief and contains questions about the students’ own actual smoking habits and their expectations about the smoking habits of others (among classmates, among peers the same age at other community schools, among peers the same age in Copenhagen, among 9th graders at their own school and finally among 9th graders in Copenhagen). Finally, they were asked their opinion about people who smoke (fun, cool, stupid, disgusting). In addition, 9th graders on the same school answer the same questions. This survey is conducted 1 month prior to the teaching by the teachers in school, and the results are drawn up in pie charts. Today, the survey is an online survey.

The intervention itself is carried out by uniformed police officers as part of their job in the local crime prevention units (SSP). The intervention starts out with a presentation of these pie charts, contrasting the proportion they expect to smoke with the actual statistics for this among each group. After revealing the differences between expectations and facts, the students work in groups with 3 questions:

² Formally, this project targets smoking and not alcohol consumption. However, as the method is central for much prevention work on the local level, since the project directors believe that the method can be used for a number of different behaviors, alcohol consumption included, and since the evaluation shows a decrease with regard to expectations concerning alcohol and cannabis as well, the project seems highly relevant in the context of this report.

- 1) reasons for why they had these false expectations about others.
- 2) suggestions for how to avoid having false expectations about others.
- 3) suggestions for a class contract that is forward-looking.

Each group task is recapitulated in a plenary session, discussing (among others) the media's role. Immediately after finishing the intervention at one school, the parents to all 5th graders on the school are invited to an information meeting where they are confronted with their own majority fallacies as well as their children's. This is meant to involve the parents and make them think along the same lines as the ones their children have been taught.

Period: The intervention was initially meant to run in the school year 2006-2007. However, because of its success, the intervention has been running every school year since 2006. By the end of this school year, (2011-2012), almost 21,000 students have the program, and more than 500 information meetings with parents have been held. 76 police officers have been educated to instruct and carry out the intervention.

Further, the project has been copied and/or modified in numerous other parts of Denmark. Balvig & Holmberg are currently working on a description of the method and its distribution across municipalities in Denmark. This book will be out in summer 2012. In general, the method is used in a very large number of municipalities and police districts, in a more or less structured way. It is by far the most widespread and acknowledged approach to prevention in Denmark at the moment.

Literature: Balvig & Holmberg 2011. The evaluation is documented in a Danish report (Nielsen 2009).

Manuals or website: There are printed manuals (only in Danish) available for school teachers (who prepare the intervention and assist the police sergeants) as well as for the police sergeants who do the teaching. The latter have been going through a brief training program before they go out to schools.

Evaluation: Yes, the intervention has been evaluated in a controlled study with both experimental and control groups which added a post-intervention survey to examine changes in expectations 6 weeks after the intervention. However, the evaluation was only carried out in one of the municipalities included in the project (Nielsen 2009). There is no reason to believe that this municipality differs from the remaining municipalities, though. The project was among 70 European projects nominated for the EUCPN (EU Crime Prevention Network) award in 2009.

If yes, efficacy according to formulated goals and effectiveness:

The evaluation shows that the intervention has a clear effect in terms of significantly lowering the social expectations among the participating students, both with regard to smoking cigarettes, drinking alcohol and trying cannabis, with up to 50% (in the Ringsted Experiment, this was 35%). Further, no gender differences were found, i.e. both boys and girls responded to the intervention. The evaluation did not show any differences in these decreased expectations depending on whether students talked much or little with their parents. This supported the view that peers, not parents, are central for how the students at this age navigate.

Summing up: What are the strengths and weaknesses in Danish prevention efforts today?

In Danish prevention efforts, the individual level is generally lacking. None of the projects described here are focused on this level, and the experts are clearly not focused on the individual level when describing prevention efforts. One potential explanation for this is that the individual

level is not considered efficient, and another is that, according to the SSP expert, when the individual comes into focus this is often because he/she has a specific problem or has acted in a way that raises concern, and then we are no longer talking about prevention, but about *handling* a problem or challenge.

When asking the experts about strengths and weaknesses about the current state of prevention efforts in Denmark, they point to the following:

Strengths: The local experts point to the holistic approach, and to the involvement of the young people themselves in dialogue etc. This is seen as the reason that the young people are generally very positive towards the SSP professionals. Further, the local level experts (SSP) point to an increasing professionalization of prevention workers in municipalities (though this can still be strengthened) and to an increasing tendency to invite researchers to speak at local seminars, in order to make a linkage between research and practice. Finally, they find that local prevention efforts have begun to include other local actors than only schools and teachers, but also owners of bars and discos in order to formulate a cooperating and holistic approach. In general, the municipalities have begun to put greater emphasis on alcohol prevention. This must be seen in the light of a large restructuring of the municipalities in Denmark, enacted in 2007 and placing the responsibility for prevention and treatment in municipalities instead of the regional level. Following the evaluation of the pilot project in 20 municipalities (see scheme in appendix 1), the Local Government Denmark (interest group for all municipalities in Denmark) are supporting the positive experiences from this project.

Weaknesses: Experts at both national and local level point to the lack of political initiative and the will to make further legal restrictions, e.g. in terms of raising the legal age for buying alcohol in stores, raising alcohol taxes or making prevention efforts in schools mandatory instead of optional. They do not point to a lack of initiatives in specific domains (individual, family etc.), but the NBH does recognise that within the school domain they have not devoted the technical colleges much attention. Their main concern (at this age level, i.e. after primary and lower secondary school) has been high schools.

On the political level, there is a general agreement that prevention is very important, also with respect to youth alcohol use, but the range of initiatives that are being used is limited. Finally, some of the SSP experts point to the need for also focusing on other arenas than only schools when targeting young people because the school setting is seen as limiting in some ways. Such arenas could be youth clubs. However, at present only around one third of year group attends such youth clubs, and they have very much turned into social projects because of a bias in who is attending.

Appendix 1:

4. Community level

Intervention	Age targeted	Period	Dimension	Main results	Sources
Alcohol prevention and treatment in the municipality	16+	2008-2011	20 municipalities (out of 98) participated in the project.	The project aimed at integrating alcohol prevention across different sectors. The project was not evaluated in terms of effects, but in terms of the processes since the effects are long-term.	Evaluated by external consultancy company, evaluation report (in Danish) published by NBH in 2012.
Responsible serving	18+	2010-2011	9 communities (all part of the above-mentioned project)	The project aimed at establishing a cooperation between municipalities, the local police and local actors such as bar owners, educational institutions etc. The project was not evaluated in terms of effects, but in terms of the processes since the effects are long-term. The evaluation emphasized the importance of initial coordination and balancing of expectations, and in general evaluated various means and their implementation through dialogue between relevant parties positively.	Evaluated by external consultancy company, evaluation report (in Danish) published by NBH in 2011.
Young and healthy	16-19 years of age	2007-2010	10 municipalities	The aim was to empower at-risk youth (outside the labour market or the educational system) with unhealthy lifestyles to change their lifestyle and become more healthy in order to become able to participate on the labour market or in	Evaluated by external consultancy company, evaluation report (in Danish) published by NBH in 2011.

				<p>the educational system. The evaluation documented positive outcomes in terms of raising awareness about health in schools, creating positive experiences for the young people in the participating municipalities, and in terms of developing new methods for health promotion. However, longer-term effects on youth health could not be documented.</p>	
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